DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
Program Announcement (PA) No. PA 03-001
Part I - Programmatic Guidance

Grants to Expand Substance Abuse Treatment Capacity in Targeted Areas of Need

Short Title: Targeted Capacity Expansion

Application Due Dates: September 10, 2002, and
January 10 and September 10 of each year thereafter

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Catalog of Federal Domestic Assistance (CFDA) No. 93.243
Authority: Section 509 of the Public Health Service Act, as amended and subject to the availability of funds*

*This program is being announced prior to the full annual appropriation for fiscal year (FY) 2003 for the Substance Abuse and Mental Health Services Administration's (SAMHSA) programs. Applications are invited based on the assumption that sufficient funds will be appropriated for FY 2003 to permit funding of a reasonable number of applications being hereby solicited. This program is being announced in order to allow applicants sufficient time to plan and to prepare applications. Solicitation of applications in advance of a final appropriation will also enable the award of appropriated grant funds in an expeditious manner and thus allow prompt implementation and evaluation of promising projects. ***All applicants are reminded, however, that we cannot guarantee sufficient funds will be appropriated to permit SAMHSA to fund any applications.*** Questions regarding the status of the appropriation of funds should be directed to the Grants Management Officer listed under Contacts for Additional Information in this announcement.

[Note to Applicants: In addition to this Part I Programmatic Guidance, you need two additional documents to complete your application.

- **PART II - "General Policies and Procedures Applicable to all SAMHSA Applications for Discretionary Grants and Cooperative Agreements"**
- **Public Health Service Grant Application FORM PHS 5161-1**

See "Application Kit" section for instructions on obtaining these two documents.]

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment.

Action and Purpose

The Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) announces the availability of funds for grants to expand or enhance substance abuse treatment capacity in local communities. The Targeted Capacity Expansion (TCE) program is designed to address gaps in treatment capacity by supporting rapid and strategic responses to demands for alcohol and drug treatment services and/or innovative solutions to unmet needs in communities with serious, emerging substance abuse problems.

This Program Announcement (PA) is a re-issuance (with revisions) and replaces a prior PA by the same title, "Targeted Capacity Expansion," No. PA 00-001.

CSAT anticipates that approximately $28 million will be available for approximately 56 awards in FY 2003. The total funds available and the actual funding levels will depend on the receipt of an appropriation. Additional funding for new grants may be available in future fiscal years. Applicants may request up to but not more than $500,000 in **total costs (direct and indirect)** per year.

Because TCE is intended to be a national program benefiting the maximum possible number of communities, CSAT will reserve up

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to one third of TCE funds for applicants within States and communities that have no active TCE grants at the time awards are made.

Awards may be requested for up to 3 years. Annual continuation awards depend on the availability of funds and progress achieved.

Who Can Apply?

Applicant Organization

Only the following are eligible to apply:

- Local governments (cities, towns, counties, and their respective departments and political subdivisions, such as a Department of Health and Human Services); and
- Tribes, Tribal governments, or other federally recognized Tribal authorities and organizations.

Because States receive substantial funding for substance abuse treatment services via the Substance Abuse Prevention and Treatment (SAPT) Block Grant, SAMHSA/CSAT uses TCE to target specific local needs that address national treatment priorities. Eligibility is restricted to local governmental entities in recognition of the local governments' responsibility for and interest in providing for the needs of their citizens, and because the success of the program will depend upon their authority and ability to broadly coordinate a variety of resources.

Grants will be awarded only to local and tribal governments and their major organizational units with broad planning, policy, and service coordination responsibilities. Hospitals,

community health centers, school systems, or court systems are **not** eligible for TCE grants.

Community-based organizations (CBOs), including not-for-profit and faith based organizations, are **not** eligible to apply directly for these grants, even if providing services under contract to a unit of government. However, CSAT encourages local government applicants to develop partnerships with these organizations for the provision of treatment services as part of their proposed TCE projects.

Potential applicants who are unsure of eligibility should contact the person listed under How To Get Help for program issues.

Substance Abuse Treatment Providers

The TCE program is intended to enable local communities to expand or enhance substance abuse ***treatment*** services. SAMHSA/CSAT believes that only existing, experienced, and appropriately credentialed providers with demonstrated infrastructure and expertise will be able to provide required services quickly and effectively. Therefore, in addition to the basic eligibility requirements, applicants must meet three additional requirements related to the provision of substance abuse treatment.

1. Provision of direct substance abuse treatment, including brief interventions, must be part of the proposed project. TCE grants will not be awarded to applicants that propose only to provide screening, referral, or case management when these services are not clearly and specifically linked to treatment services. At least one provider of direct substance abuse treatment services must be identified within the proposal to provide treatment services. For the purposes of the TCE program, treatment must be provided in outpatient, day treatment or intensive outpatient, or residential programs. If the applicant organization is not a direct provider of substance abuse treatment services, the applicant must document (in Appendix 1) a commitment from an experienced, licensed substance abuse treatment provider to participate in the proposed project.

2. All direct providers of substance abuse services involved in the proposed project – including the applicant organization, if the applicant is a provider – must be in compliance, at the time the application is submitted, with all local, city, county and/or State requirements for licensing, accreditation, or certification.

3. All direct providers of substance abuse treatment services involved in the proposed project – including the applicant organization, if the applicant is a provider – must have been providing treatment services for a minimum of two years prior to the date of this application. At least one substance abuse treatment provider must meet the two-year requirement within the jurisdiction covered in the application. For instance, if the application is from a county government, the treatment provider must have two years experience in that county.

An applicant must complete the **Certification of Eligibility (See Appendix E)** indicating that an applicant meets all the eligibility requirements. If an application does not contain the Certification of Eligibility and required supporting documentation as part of Appendix 1, that application will ***not*** be reviewed.

Restrictions on Eligibility

- Applicant units of government may not submit "pass through," "umbrella," or "cover letter" applications. The applicant must take an active role in the fiscal management and oversight of the project, coordinate with the providers of treatment services, and be legally, fiscally, administratively, and programmatically responsible for the grant if awarded. An applicant must affirm its commitment to this level of involvement when completing the Certification of Eligibility (Appendix E), or the application will not be reviewed.

- An applicant may not submit the same application under more than one SAMHSA grant program during the same fiscal year.

Applications will be screened by SAMHSA prior to review. Applications that do not meet eligibility requirements will not be reviewed.

SSA Coordination

Because SAMHSA recognizes the role of State governments in addressing substance abuse issues, applicants must coordinate with their Single State Agency (SSA) for Alcohol and Drug Abuse. At the time the applicant submits its application to SAMHSA, the applicant also **must** send a copy of the application to the SSA for review and comment. A copy of the cover letter to the SSA accompanying the application should be included as **Appendix 4** of your application. SSA comments will be considered in SAMHSA's award decision-making process. [NOTE: Indian Tribes, tribal authorities, and tribal organizations do not have to meet this requirement.]

For SSA comments to be considered in the award decision-making process, they must be submitted within 30 days after the receipt date for applications. Address comments to:

H. Westley Clark, M.D., J.D., M.P.H.
Director, Center for Substance Abuse Treatment
Substance Abuse and Mental Health Services Administration
Rockwall II, 6th Floor
5600 Fishers Lane
Rockville, Maryland 20857
Attn: TCE Award Recommendations

Application Kit

You will need a SAMHSA application kit in order to respond to this Program Announcement (PA). Application kits have several parts including the PA (Parts I and II), and the blank application form PHS 5161-1, which you will need to complete your application.

The PA has two parts.

Part I - provides information specific to the Targeted Capacity Expansion Program. **This document is Part I.**

Part II - has important policies and procedures that apply to nearly all SAMHSA grants and cooperative agreements. Please refer to the section on Special Considerations and Requirements included in this document for a listing of policies in Part II that are relevant to this grant program.

You will need to use both Part I and Part II to apply for a SAMHSA grant or cooperative agreement. In instances where there are discrepancies between instructions in Parts I and II, the applicant shall be guided by Part I language.

To get a complete application kit, including Parts I and II and PHS form 5161-1, you can:

- Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686, or
- Download the application kit from the SAMHSA web site at www.samhsa.gov.

Be sure to download both parts of the PA.

Where to Send the Application

Send the original and 2 copies of your grant application to:

SAMHSA Programs
Center for Scientific Review
National Institutes of Health
Suite 1040
6701 Rockledge Drive MSC-7710
Bethesda, MD 20892-7710
**Change the zip code to 20817 if you use express mail or courier service.

NOTE: Effective immediately, all applications MUST be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted.

Please note:

- Be sure to type: ***PA 03-001 TCE*** in Item Number 10 on the face page of the application form.

- If you require a phone number for delivery, you may use (301) 435-0715**.**

Application Dates

The first receipt date under this announcement is September 10, 2002. Subsequent receipt dates will be January 10 and September 10 of each year thereafter. SAMHSA anticipates that there will be two review cycles per year, and that grants will be awarded within 9 months of the receipt dates.

Applications received after the due dates must have a proof-of-mailing date from the carrier not later than one week prior to the application deadline date.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on *program issues*, contact:

Thomas Edwards
Chief, Systems Improvement Branch
Division of Services Improvement
CSAT/SAMHSA
Rockwall II/Suite 740
5600 Fishers Lane
Rockville, MD 20857
(301) 443-8453
E-Mail: tedwards@samhsa.gov

For questions on *grants management issues*, contact:

Steve Hudak
Grants Management Officer
Division of Grants Management, OPS
SAMHSA
Rockwall II, 6th floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9666
E-Mail: shudak@samhsa.gov

Funding Criteria

Decisions to fund a grant are based on:

1. The strengths and weaknesses of the application as determined by the Peer Review Committee and approved by the CSAT National Advisory Council.

2. Availability of funds.

3. Evidence of non-supplantation of funds.

4. Considerations to help achieve the TCE goal of being a national program benefiting the maximum possible number of communities. To achieve this goal, CSAT will:
   - limit the number of awards issued during a fiscal year within a single State or single community within a State.
   - give priority to applicants within States and communities that do not have an active TCE grant at the time of the award;
   - In addition, CSAT may:
   - distribute awards to achieve balance between urban and rural areas;
   - distribute awards to achieve balance across target populations (e.g., by gender, race or ethnicity, treatment modality, or primary drug of abuse.

5. Any comments received by the Single State Agency for Alcohol and Drug Abuse. (Indian Tribes, Tribal organizations, and Tribal authorities are exempt from SSA review and comments.)

Program Background

At the turn of the century, 3.9 million Americans needed but did not receive substance abuse treatment, compared to about 800,000 who received treatment. Many persons do not receive treatment due to lack of access to and availability of services. Historically, this has been particularly true for many "special" populations such as women, children and adolescents, the aging and disabled, racial and ethnic groups, Native American, and rural populations. Ethnic and racial differences frequently prevent individuals from accessing treatment due to language or other cultural barriers.

Another current problem is the emergence of new drugs, and changing drug use patterns or drug trends. Recent examples include:

- The resurgence of heroin use in both the Pacific Northwest and the Northeast, and the increased purity of heroin and cocaine imported from South America and the Far East;
- The continuing rapid spread of methamphetamine and OxyContin abuse in rural and impoverished areas;
- Prescription drug misuse/abuse by the elderly; and
- The use of designer drugs, such as Ecstasy and other "rave" and "club" drugs, among the youth population.

Both the existing treatment gap and the changing, newly emerging drug trends complicate the ability of the publically funded treatment system to respond rapidly to changing needs.

The Substance Abuse Prevention and Treatment (SAPT) Block Grant program is SAMHSA's primary vehicle for helping States to address treatment service needs. These funds are used to maintain the existing baseline of services across the country. The SAPT Block Grant targets funds to service needs by incorporating data on new and emerging problems in their planning and allocation strategies. Insufficient funding and previous resource commitments often inhibit State capacity to rapidly address newly identified service needs.

In 1998, to respond to the changing demands on the treatment system, SAMHSA/CSAT initiated the TCE program to help communities provide targeted, comprehensive, integrated**,** creative, and community-based responses to well-defined and well-documented substance abuse treatment capacity problems.

TCE addresses key elements of SAMHSA/CSAT's "Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative (NTP)." TCE specifically addresses two NTP strategies: Invest for Results, by closing serious gaps in treatment capacity; and Build Partnerships, by supporting collaboration among local governments, communities, providers, and stakeholders. (See Appendix A for information about the NTP.)

Developing Your Grant Application

Applicants may propose to **expand** treatment services, to **enhance** treatment services, or to do both.

1) Service Expansion: An applicant may propose to **increase the availability of treatment services and access to treatment for a larger number of clients**. Expansion applications should propose to increase the number of clients receiving services as a result of the award. For example, if a treatment facility currently admits to services 50 persons per year and has a waiting list of 50 persons (but no funding to serve these persons), the applicant may propose to expand services capacity to be able to admit some or all of those persons on the waiting list population. Applicants should state clearly the number of additional clients to be served for each year of the proposed grant.

2) Service Enhancement: An applicant may propose to improve **the quality or intensity of treatment services**, for instance, by adding effective treatment approaches, or adding a new service to address emerging trends or unmet needs. For example, a substance abuse treatment project may propose to add intensive gender-specific programming to the current treatment protocol for a population of women and their children being served by the program.

Another example of a treatment services enhancement proposal is an application submitted by a substance abuse treatment agency that requests TCE funds to add "wrap around" services designed to improve the client's access to and retention within substance abuse treatment, or to address both the comprehensive and treatment-specific needs of clients during or following a substance abuse treatment episode.

Applicants proposing to enhance services must clearly demonstrate a link between the enhancements and substance abuse treatment, and must indicate the number of clients who will receive the new enhancement services.

An applicant may propose to expand and to enhance services for the defined population. An applicant should make clear when the proposal is to expand services, to enhance services, or to do both. (See Appendix D of this PA for guidelines and definitions related to service expansion and enhancement, and proposed number of service recipients.)

Areas of Interest

CSAT has a substantial interest in funding projects that are consistent with SAMHSA priorities, especially: co-occurring disorders, closing the substance abuse treatment gap, homelessness, aging, and criminal justice; and that are consistent with SAMHSA cross-cutting principles: evidence-based treatments, collaboration across community agencies, recovery, cultural competence, community and faith-based programs, violence, and cost-effectiveness. Following are ***examples only*** of projects that are consistent with these priorities and principles:

- Expanded and/or enhanced services to persons with co-occurring substance abuse and mental disorders.
- Outreach strategies to enroll into treatment more persons from under-served populations in specific geographic areas, such as rural communities and inner cities.
- Enhancement of treatment quality through improved linkages between substance abuse treatment services and supportive services such as outreach, transportation, child care, psychological services, housing, nutrition and diet, vocational programs, family assistance, and legal services.
- Projects designed to improve treatment entry and service coordination for referrals from the child welfare system.
- Projects designed to promote early identification and brief intervention services within primary care settings.
- The implementation of school-based (including colleges and universities) substance abuse early identification and treatment, including brief interventions.

- Responses to changes in local substance use patterns, such as an epidemic of methamphetamine or inhalant abuse, resulting in a need for new, drug-specific services.

- Substance abuse treatment and related support services for homeless persons.
- Substance abuse treatment and related supported services for the elderly and individuals with physical and emotional disabilities.

- The implementation of an alternative sentencing or diversion program in the criminal or juvenile justice system, and programs designed to increase community-based treatment services for former prisoners.

Applicants wishing to identify and respond to more than one treatment capacity problem must submit a separate application for each identified issue. Separate applications should be submitted if the individuals in the target population will be divided into separate groups and each group will be receiving different services. An example is an applicant who plans to target women and their children for a gender-specific treatment program, and homeless men for different services. In this example separate applications should be submitted for the proposed women's needs and the homeless men's needs.

Funding Restrictions

TCE grant funds may not be used to:

- Provide services to incarcerated populations (defined as those persons in jail, prison, detention facilities or in custody where they are not free to move about in the community).

- Provide residential treatment services when the residential facility has not yet been acquired, sited, approved and met all requirements for human habitation and services provision. (Expansion or enhancement of existing residential services is permissible.)

- Pay for the construction of any building or structure. [Applicants may request up to $75,000 for renovations and alterations of existing facilities.]

- Pay for housing other than residential substance abuse treatment.

- Provide inpatient treatment or hospital-based detoxification services.

- Pay for incentives to induce clients to enter treatment. However, a grantee or treatment provider may provide up to $20 or equivalent (coupons, bus tokens, gifts) to clients as incentives to participate in the required GPRA data collection follow up. This amount may be paid for participation in each required interview. (See Evaluation Requirements: GPRA for details on follow-up data collection).

- Carry out syringe exchange programs, such as the purchase and distribution of syringes and/or needles.

- Pay for pharmacologies for HIV antiretroviral therapy, STDs, TB and hepatitis B and C.

Evaluation Requirements

TCE is a services grant program. The goals of the evaluation component are to obtain data that meet requirements of the Government Performance and Results Act (GPRA) and to conduct a local evaluation that will be useful to the project.

To meet evaluation requirements, most applicants will need to allocate 15- 20 percent of the budget for evaluation. **Note that this percentage range is a guideline, not a requirement.** The percentage depends on the complexity of the evaluation plan and the number of clients proposed to be served through the grant.

Government Performance and Results Act (GPRA)

The Government Performance and Results Act (GPRA) mandates accountability and performance-based management by Federal agencies, focusing on results or outcomes in evaluating the effectiveness of Federal activities and on measuring progress toward achieving national goals and objectives. Grantees must comply with GPRA data collection and reporting requirements, including but not necessarily limited to the collection of CSAT Core Client Outcomes (see Appendix C). Appendix B contains a detailed description of CSAT's GPRA strategy.

CSAT GPRA requirements include data collection about grant-supported service recipients at baseline/intake, six months after intake, and twelve months after intake. **Grantees are expected to collect baseline GPRA data on all persons served through the grant, and six and twelve month data on a minimum of 80% of all clients in the intake sample. Grantees should consider this requirement when preparing the evaluation budget section of the application.**

CSAT's GPRA Core Client Outcome domains are:

Ages 18 and above: Percent of service recipients who: have no past month substance abuse; have no or reduced alcohol or illegal drug consequences; are permanently housed in the community; are employed; have no or reduced involvement with the criminal justice system; and have good or improved health and mental health status.

Ages 17 and under: Percent of service recipients who: have no past month use of alcohol or illegal drugs; have no or reduced alcohol or illegal drug consequences; are in stable living environments; are attending school; have no or reduced involvement in the juvenile justice system; and have good or improved health and mental health status.

Applicants must clearly state which service population they propose to address: Adults (18 years or older) or Adolescents and Children (17 years or younger), or both, and express their understanding of the GPRA measures to be tracked and collected.

Local Evaluation

In addition to GPRA requirements, grantees must conduct a local evaluation to determine the effectiveness of the project in meeting its specific goals and objectives. The local evaluation should be designed to provide regular feedback to the project to help the project improve services. The local evaluation must incorporate but should not be limited to GPRA requirements. Because different programs will differ in their target populations, services, systems linkages, and desired service outcomes, no single evaluation plan or design will apply to all applicants. Experimental or rigorous quasi-experimental evaluation designs are NOT required. In general, the applicant's local evaluation plan should include three major components:

- Implementation fidelity, addressing issues ***such as***: How closely did implementation match the plan? What types of deviation from the plan occurred? What led to the deviations? What impact did the deviations have on planned intervention and evaluation?

- Process, addressing issues ***such as***: Who provided (program, staff) what services (modality, type, intensity, duration) to whom (client characteristics) in what context (system, community) at what cost (facilities, personnel, dollars)?

- Outcome, addressing issues ***such as***: What was the effect of treatment on service participants? What program/contextual factors were associated with outcomes? How durable were the effects?

Longitudinal client level data to be gathered in the local evaluation should meet the same follow-up rate standard (minimum of 80%) required for GPRA.

The applicant's evaluation plan must describe approaches to comply with GPRA requirements and to conduct the local evaluation, and must contain an agreement to participate in all technical assistance and training activities designed to support GPRA and other evaluation requirements.

The evaluation plan should address the appropriateness of the evaluation approaches and instruments for the cultures, genders, and ages of the target population, and should include the integrated use of quantitative and qualitative data.

CSAT has developed a variety of evaluation tools and guidelines that may assist applicants in the design and implementation of the evaluation. These materials are available for free downloads from:

http://neds.calib.com

Post Award Requirements

Reporting Requirements

Grantees must submit **quarterly progress and financial reports** and a **final report**. CSAT will provide guidelines and requirements for these reports to grantees at the time of award. CSAT program staff will use this information to

determine progress of the grantee toward meeting its goals. CSAT, through its TCE contractor, will provide each grantee a computer diskette and instructions for completing and submitting the required GPRA data.

The final report must summarize information from the quarterly reports and describe the accomplishments of the project and planned next steps for implementing plans developed during the grant period.

Other Requirements

SAMHSA/CSAT will provide post award support to grantees through technical assistance on clinical, programmatic, and evaluation issues; data collection, analysis, and interpretation; and development of reports, products, and publications.

Grantees must attend (and, thus must budget for) two technical assistance meetings in the first year of the grant, and two meetings in each of the remaining years. Each meeting will be three days. A minimum of three persons (Program Director, Program Evaluator, and Clinical staff) are expected to attend each meeting. These meetings will usually be held in the Washington, DC, area.

Grantees will be responsible for ensuring that all direct providers of services involved in the proposed system are in compliance with all local, city, county, and/or State licensing, certification, or accreditation requirements.

To facilitate coordination of substance abuse treatment activities within a State, the applicant must notify the SSA within 30 days of receipt of an award.

CSAT will monitor the grantee's progress in achieving the goals and objectives provided in the application. Grantees will be held accountable for the information provided in the application as it relates to the number of clients to be served with the award funds. CSAT program officials will take into consideration a grantee's progress in meeting goals and objectives when making an annual recommendation as to continuation of the grant.

Detailed Information on What to Include in Your Application

For your application to be complete, it must include the following in the order listed. Check off areas as you complete them for your application.

ⓒ *1. FACE PAGE*

Use Standard Form 424, which is part of the PHS 5161-1. See Appendix A in Part II of the PA for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

Note: When entering the amount of Federal funds requested on the face page, be sure to include the total amount (direct and indirect costs) for ***the first year of award only***, not the entire grant period of three years.

ⓒ *2. ABSTRACT*

Your total abstract should not be longer than 35 lines (single space, 12 point or higher font). In the ***first 5 or fewer lines*** of your abstract, write a summary of your project that can be

used in publications, reporting to Congress, or press releases, if your project is funded.

Include in this 5-line summary the target population, the services proposed, and the total number of persons you propose to serve through expansion and/or enhancement services throughout the three-year grant period. These numbers should be the same as those shown in your application in **Section B: Project Plan.** (See Appendix D for guidelines and definitions.)

⦿ ***3. TABLE OF CONTENTS***

Include page numbers for each of the major sections of your application and for each appendix.

⦿ ***4. BUDGET FORM***

Fill out sections B, C, and E of the Standard Form 424A, which is part of the PHS 5161-1. Follow instructions in Appendix B of Part II of the PA.

⦿ ***5. PROJECT NARRATIVE AND SUPPORTING DOCUMENTATION***

The **Project Narrative** describes your project. It consists of Sections A through D. These sections may not be longer than 25 pages. **Applications exceeding 25 pages for Sections A - D will not be reviewed.** More detailed information about Sections A through D follows #10 of this checklist.

- **Section A - Project Narrative**
- Project Description and Justification of Need
- **Section B - Project Narrative**
- Project Plan
- **Section C -Project Narrative**
- Evaluation and Methodology
- **Section D - Project Narrative**
- Project Management: Implementation
- Plan, Organization, Staff, Equipment/Facilities, and Other Support.

Supporting documentation for your application should be provided in sections E through H. There are no page limits for these sections, except for Section G, the Biographical Sketches/Job Descriptions.

- **Section E-** Literature Citations. This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

- **Section F -** Budget Justification, Existing Resources, Other Support. You must provide a narrative justification of the items included in your proposed budget as well as a description of existing resources and other support you expect to receive for the proposed project.

- **Section G**- Biographical Sketches and Job Descriptions

  – Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment from him/her with his/her sketch.

  – Include job descriptions for key personnel. They should not be longer than **1 page**.

- ***Sample sketches and job descriptions are listed in Item 6 in***

the Program Narrative section of the PHS 5161-1.

- **Section H**- Confidentiality and SAMHSA Participant Protection (SPP)

- The seven areas you need to address in this section are outlined after the Project Narrative description in this document.

⑥ ***6. APPENDICES 1 THROUGH***

- Use only the appendices listed below.

- **Don't** use appendices to extend or replace any of the sections of the Project Narrative unless specifically required in this PA (reviewers will not consider them if you do).

- **Don't** use more than **30 total pages** (plus all instruments) for the appendices.

Appendix 1:
Completed Certification of Eligibility. (See Appendix E of this announcement) and supporting documentation, including certificates of licensure.

Appendix 2:
Letters of Coordination/Support from stakeholders and project participants other than direct substance abuse treatment service providers.

Appendix 3:
Non-supplantation of Funds Letter

Appendix 4:
Letters to Single State Agency (SSA)

Appendix 5:
Data Collection Instruments/Interview Protocols

Appendix 6:
Sample Consent Forms

⑥ ***7. ASSURANCES***
Non-Construction Programs. Use Standard form 424Bfound in the PHS 5161-1.

⑥ ***8. CERTIFICATIONS***
Use the "Certifications" forms which can be found in the PHS 5161-1.

⑥ ***9. DISCLOSURE OF LOBBYING ACTIVITIES***
Use Standard Form (SF) LLL (and SF LLL-A, if needed) which can be found in the PHS 5161-1. Part II of the PA also contains information on lobbying prohibitions.

⑥ ***10. CHECKLIST***
See Appendix C in Part II of the PA for instructions.

Project Narrative/Review Criteria – Sections A Through D Highlighted

Sections A through D are the Project Narrative/Review Criteria of your application. They describe what you intend to do with your project. Below you will find detailed information on how to respond to sections A through D. **Sections A through D may not be longer than 25 pages. Applications exceeding 25 pages for Sections A - D will not be reviewed.**

- Your application will be reviewed against the requirements described below for sections A through D.

- A peer review committee will assign a point value to your application based on how well you address **each** of these sections.

- The number of points after each main heading shows the **maximum number of points** a review committee may assign to that category.

- Bullet statements do not have points assigned to them; they are provided to invite attention to important areas within the criterion.

- Reviewers will also be looking for evidence of cultural competence **in each section** of the Project Narrative. Points will be assessed on the cultural competency aspects of the review criteria. SAMHSA's guidelines for cultural competence are included in Appendix D of Part II of the PA.

Section A: Project Description and Justification of Need

- Describe the problem the project will address (unmet treatment need or emerging problem). Provide substantial documentation of the extent of the problem and need, using local data to the extent possible. Documentation may come from a variety of qualitative and quantitative sources. The quantitative data could come from locally generated data or trend analyses, from State data such as that available through State Needs Assessments, and/or through national data such as that available from SAMHSA's National Household Survey on Drug Abuse (NHSDA), Drug Abuse Warning Network (DAWN), and Drug and Alcohol Services Information System (DASIS), which includes the Treatment Episode Data Set (TEDS).

- Define the target population to be served. Include demography, cultural and racial/ethnic considerations, and clinical characteristics, and justify any exclusions to SAMHSA's Population Inclusion Policy (see Part II of the PA).

- Describe the geographic area that will have access to expanded or enhanced services and provide recent population numbers for the area.

- Fully describe existing services, including the number and type of current treatment services/slots/beds available and the number of people ***currently*** being served. Describe how the project currently provides services. Explain why they are insufficient or inappropriate to respond to the demand for services and the treatment needs of the target population.

- Review recent literature and other information that demonstrates a thorough understanding of the substance abuse issues in the proposed target population.

Section B: Project Plan (40 points)

- Clearly state the goals and objectives of the proposed project.

- Clearly state the number of clients you propose to serve with grant funds. Separate by "expansion" services and "enhancement" services, and by grant year.

- If **expanding** services, fully describe the number of ***additional*** people to be served each year with the grant funds, and the three-year total. State the types of services you will provide these individuals.

  If **enhancing** services, specifically describe the enhancements, and provide evidence that the enhancements have been effective in similar settings or are based on scientifically derived theory. State the number of persons who will receive enhanced services by grant year and in total.

  See Appendix D for guidelines and definitions for reporting number of persons to be served. A tabular format is suggested but not required.

  Defend the proposed numbers – how were they determined, what assurances are there that the numbers are realistically achievable?

- Demonstrate how the proposed project will have a significant impact on the described need during the three years of funding. Demonstrate that the number of persons to be served and the anticipated outcomes of service represent an effective use of funds requested.

- Describe the proposed design for meeting the needs demonstrated in Section A (Project Description and Justification of Need).

- Provide relevant and recent literature supporting your project plan. Demonstrate that the proposed project is a culturally competent, effective model that is consistent with the goals of this announcement.

- Discuss how the project will address age, race/ethnic, cultural, language, sexual orientation, disability, literacy, and gender issues relative to the target population.

- Describe involvement of the target population in the planning and design of the proposed project.

Section C: Evaluation/Methodology (15 points)

- Describe plans to comply with GPRA requirements, including the collection of CSAT's GPRA Core Client Outcomes, and tracking and follow-up procedures to meet the 80% follow-up standard.

- Describe the local evaluation plan, including plans to assess implementation fidelity, process, and client outcome, to ensure the cultural appropriateness of the evaluation, to integrate the local evaluation with GPRA requirements, and to meet the 80% follow-up requirement. Describe plans for data collection, management, analysis, and interpretation.

- Discuss instruments to be used, including their psychometric properties and cultural appropriateness. Document the appropriateness of the proposed approaches to gathering quantitative and qualitative data for the target population. Address not only traditional reliability and validity but sensitivity to age, gender, language, sexual orientation, culture, literacy, disability and racial/ethnic characteristics of the target population.

- Describe plans for including members of the target population and/or their advocates in the design and implementation of the evaluation and in the interpretation of findings. Describe plans for reporting and disseminating the project's findings.

- State agreement to participate in all technical assistance and training activities designed to support GPRA and other evaluation requirements.

Section D: Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support (25 points)

- Describe the capability of the applicant organization, its history of serving the target population, and its experience with similar projects.
- Present a management plan for the project, including any sub-contractual arrangements proposed; describe the role of the organizations that have committed to be involved in the project; and address their relevant experience. Describe the roles of each system component. [Letters of support and commitment (outlining services to be provided, level and intensity of resources committed) from participating and coordinating organizations should be included in Appendix 1 (Substance Abuse Treatment providers) or Appendix 2 (others).]

- Describe how the applicant will provide management, fiscal, and administrative monitoring and oversight of the grant including the treatment providers and other contractors (including evaluators).

- Present a time line for implementing the project, and demonstrate that the project can be fully operational within four months.
- Provide a staffing plan, including the level of effort and qualifications of the Project Director, Evaluator, and other key personnel, and specify the agency that will employ these persons (e.g., the unit of government, a subrecipient community based organization, etc.)

- Describe the resources available (e.g., facilities, equipment); provide evidence that services will be provided in locations and facilities that are adequate, accessible, ADA compliant, and conducive to serving the target population.

- Provide evidence that the existing and proposed staff have or will receive training to develop requisite experience and cultural sensitivity to provide services to the target population. Show evidence of the appropriateness of the proposed staff to the language, age, gender, sexual orientation, disability, literacy, and ethnic, racial, and cultural factors of the target population.

- Provide evidence that required resources not included in the Federal budget request are adequate and readily accessible.

- If applying for funds for residential treatment services expansion or enhancement, provide licensing documentation that indicates the residential facility has been built and has been approved/certified/licensed for habitation and provision of treatment and any ancillary services as required by existing State or local laws or regulations. Provide required documentation in Appendix 1.

- Provide a plan to obtain support for continuing activities funded by this program at the end of the period of Federal funding.

NOTE: Although the **budget** for the proposed project is not a review criterion, the Review Group will be asked to comment on the budget appropriateness after the merits of the application have been considered.

In submitting the line item budgets for each year of the proposed grant, the applicant is to use annualized budgets that are the same each year. This means that the amount requested in the first year (for example, $300,000 in total costs) should be the amount requested for each of the remaining two years ($300,000). Applicants should request a full year's funding in the first year although there is recognition that most projects will not begin operating and serving clients in the first few weeks.

Applicants may build in cost-of-living increases for the second and third years, but the costs must come from within the other budget lines. For example, an applicant may increase salaries by 3% in accordance with cost of living increases, but the total amount of the budget request must remain at the year one level (using the above indicated example, $300,000 for each year).

Confidentiality and SAMHSA Participant Protection

The CSAT Director has determined that grants awarded through this announcement must meet SAMHSA Participant Protection Requirements. You must address 7 areas regarding SAMHSA participant protection in your supporting documentation. If one or all of the 7 areas are not relevant to your project, you must document the reasons. No points will be assigned to this section. Your response to this section does not count against the 25 page limit for Sections A-D.

This information will:

- Reveal if the protection of participants is adequate or if more protection is needed.
- Be considered when making funding decisions. SAMHSA will place restrictions on the use of funds until all participant protection issues are resolved.

Some projects may expose people to risks in many different ways. In this section of your support documentation (Confidentiality and Participant Protection Section) of your application, you will need to:

- Report any possible risks for people in your project.
- State how you plan to protect them from those risks.
- Discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues ***must be discussed:***

❶ ***Protect Clients and Staff from Potential Risks***

- Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse affects.

- Discuss risks, which are due either to participation in the project itself, or to the evaluation activities.

- Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.

- Give plans to provide help if there are adverse effects to participants.

- Where appropriate, describe alternative treatments and procedures that may be beneficial to the subjects. If you do not decide to use these other beneficial treatments, provide the reasons for not using them.

❷ *Fair Selection of Participants*

- Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.

- Explain the reasons for using special types of participants, such as pregnant women, children, people with mental disabilities, people in institutions, prisoners, or others who are likely to be vulnerable to HIV/AIDS.

- Explain the reasons for ***including or excluding*** participants.

- Explain how you will recruit and select participants. Identify who will select participants.

❸ *Absence of Coercion*

- Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.

- If you plan to pay participants, state how participants will be awarded money or gifts.

- State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

❹ *Data Collection*

- Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the site. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?

- Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.

- Provide in **Appendix 5,** "Data Collection Instruments/Interview Protocols," copies of <u>all</u> available data collection instruments and interview protocols that you plan to use.

❺ ***Privacy and Confidentiality***:

- List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
- Describe:
  - How you will use data collection instruments.
  - Where data will be stored.
  - Who will or will not have access to information.
  - How the identity of participants will be kept private. For example, through the use of a coding system on data records,

limiting access to records, or storing identifiers separately from data.

NOTE: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

❻ *Adequate Consent Procedures:*

- List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

- State:
  - If their participation is voluntary,
  - Their right to leave the project at any time without problems,
  - Risks from the project,
  - Plans to protect clients from these risks.

- Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

NOTE: If the project poses potential physical, medical, psychological, legal, social or other risks, you should get ***written*** informed consent.

- Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?

- Include sample consent forms in your **Appendix 6**, titled "Sample Consent Forms." If needed, give English translations.

NOTE: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

❼ *Risk/Benefit Discussion:*

Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Special Considerations and Requirements

SAMHSA's policies and special considerations and requirements can be found in **Part II** of the PA in the sections by the same names. The policies, special considerations, and requirements related to this program are:

- Population Inclusion Requirement
- Government Performance Monitoring
- Healthy People 2010 focus areas related to this program are in Chapter 26: Substance Abuse
- Consumer Bill of Rights
- Promoting Nonuse of Tobacco
- Coordination with Other Federal/Non-Federal Programs (put documentation in **Appendix 2**)
- Supplantation of Existing Funds (put documentation in **Appendix 3**)
- Letter of Intent
- Intergovernmental Review (E.O. 12372)
- Public Health System Reporting Requirements
- Confidentiality/SAMHSA Participant Protection

Appendix A: The National Treatment Plan Initiative

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Treatment (CSAT) initiated Changing the Conversation: Improving Substance Abuse Treatment: The National Treatment Plan Initiative (NTP) to build on recent advances in the field, to bring together the best ideas about improving treatment, and to identify action recommendations that could translate ideas into practice.

The NTP combines the recommendations of five Expert Panels, with input from six public hearings and solicitation of experience and ideas through written and online comments, into a five-point strategy: (1) Invest for Results; (2) No Wrong Door to Treatment; (3) Commit to Quality; (4) Change Attitudes; and (5) Build Partnerships. The recommendations represent the collective vision of the participants in the NTP "conversation." The goal of these recommendations is to ensure that an individual needing treatment—regardless of the door or system through which he or she enters—will be identified and assessed and will receive treatment either directly or through appropriate referral. Systems must make every door the right door.

The NTP is a document for the entire substance abuse treatment field, not just CSAT. Implementing the NTP's recommendations go beyond CSAT or the Federal Government and will require commitments of energy and resources by a broad range of partners including State and local governments, providers, persons in recovery, foundations, researchers, the academic community, etc.

Copies of the NTP may be downloaded from the SAMHSA web site–www.samhsa.gov (click on CSAT and then on NTP) or from the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800-729-6686.

Appendix B: CSAT's GPRA Strategy Overview

The Government Performance and Results Act of 1993 (Public Law-103-62) requires all federal departments and agencies to develop strategic plans that specify what they will accomplish over a three to five year period, to annually set performance targets related to their strategic plan, and to annually report the degree to which the targets set in the previous year were met. In addition, agencies are expected to regularly conduct evaluations of their programs and to use the results of those evaluations to "explain" their success and failures based on the performance monitoring data. While the language of the statute talks about separate Annual Performance Plans and Annual Performance Reports, ASMB/HHS has chosen to incorporate the elements of the annual reports into the annual President's Budget and supporting documents. The following provides an overview of how the Center for Substance Abuse Treatment, in conjunction with the Office of the Administrator/SAMHSA, CMHS, and CSAP, are addressing these statutory requirements.

Performance Monitoring The ongoing measurement and reporting of program accomplishments, particularly progress towards pre-established goals. The monitoring can involve process, output, and outcome measures.

Evaluation Individual systematic studies conducted periodically or "as needed" to assess how well a program is working and why particular outcomes have (or have not) been achieved.

Program For GPRA reporting purposes, a set of activities that have a common purpose and for which targets can (will) be established.[1]

Activity A group of grants, cooperative agreements, and contracts that together are directed toward a common objective.

Project An individual grant, cooperative agreement, or contract.

CENTER (OR MISSION) GPRA OUTCOMES

The mission of the Center for Substance Abuse Treatment is to support and improve the effectiveness and efficiency of substance abuse treatment services throughout the United States. However, it is not the only agency in the Federal government that has substance abuse treatment as part of its mission. The Health Care Financing Administration, Department of Veterans Affairs, and the Department of Justice all provide considerable support to substance abuse treatment. It shares with these agencies

[1]GPRA gives agencies broad discretion with respect to how its statutory programs are aggregated or disaggregated for GPRA reporting purposes.

responsibility for achieving the objectives and targets for Goal 3 of the Office of National Drug Control Policy's ***Performance Measures of Effectiveness:***

Reduce the Health and Social Costs Associated with Drug Use.

Objective 1 is to support and promote effective, efficient, and accessible drug treatment, ensuring the development of a system that is responsive to emerging trends in drug abuse. The individual target areas under this objective include reducing the treatment gap (Goal 3.1.1), demonstrating improved effectiveness for those completing treatment (Goal 3.1.2), reducing waiting time for treatment (Goal 3.1.3), implementing a national treatment outcome monitoring system (Goal 3.1.4), and disseminating treatment information (Goal 3.1.5). Objective 4 is to support and promote the education, training, and credentialing of professionals who work with substance abusers.

CSAT will be working closely with the OAS/SAMHSA, ONDCP, and other Federal demand reduction agencies to develop annual targets and to implement a data collection/information management strategy that will provide the necessary measures to report on an annual basis on progress toward the targets presented in the ONDCP plan. These performance measures will, at an aggregate level, provide a measure of the overall success of CSAT's activities. While it will be extremely difficult to attribute success or failure in meeting ONDCP's goals to individual programs or agencies, CSAT is committed to working with ONDCP on evaluations designed to attempt to disaggregate the effects. With regard to the data necessary to measure progress, the National Household Survey on Drug Abuse (conducted by SAMHSA) is the principal source of data on prevalence of drug abuse and on the treatment gap. Assessing progress on improving effectiveness for those completing treatment requires the implementation of a national treatment outcome monitoring system (Target 3.1.4). ONDCP is funding an effort to develop such a system and it is projected in ***Performance Measures of Effectiveness*** to be completed by FY 2002.

Until then, CSAT will rely on more limited data, generated within its own funded grant programs, to provide an indication of the impact that our efforts are having in these particular target areas. It will not be representative of the overall national treatment system, nor of all Federal activities that could affect these outcomes. For example, from its targeted capacity expansion program (funded at the end of FY 1998), CSAT will present baseline data on the numbers of individuals treated, percent completing treatment, percent not using illegal drugs, percent employed, and percent engaged in illegal activity (i.e., measures indicated in the ONDCP targets) in its FY 2001 report with targets for future years. As the efforts to incorporate outcome indicators into the SAPT Block Grant are completed over the next several years, these will be added to the outcomes reported from the targeted capacity expansion program.

In addition to these "end" outcomes, it is suggested that CSAT consider a routine customer service survey to provide the broadest possible range of customers (and potential customers) with a means of providing feedback on our services and input into future efforts. We would propose an annual survey with a short, structured questionnaire that would also include an unstructured opportunity for respondents to provide additional input if they so choose.

CSAT's "PROGRAMS" FOR GPRA REPORTING PURPOSES

All activities in SAMHSA (and, therefore, CSAT) have been divided into four broad areas or "programmatic goals" for GPRA reporting purposes:

- Goal 1: Assure services availability;
- Goal 2: Meet unmet and emerging needs;
- Goal 3: Bridge the gap between research and practice;
- Goal 4: and Enhance service system performance[2]

The following table provides the crosswalk between the budget/statutory authorities and the "programs":

	KD&A	TCE	SAPT BG	N.C.
Goal 1			X	
Goal 2		X		
Goal 3	X			
Goal 4			X	X

KD - Knowledge Development SAPT BG - Substance Abuse Prevention and Treatment Block Grant
KA - Knowledge Application TCE - Targeted Capacity Expansion
N.C. - National Data Collection/Data Infrastructure

For each GPRA [program] goal, a standard set of output and outcome measures across all SAMHSA activities is to be developed that will provide the basis for establishing targets and reporting performance. While some preliminary discussions have been held, at this time there are no agreed upon performance measures or methods for collecting and analyzing the data.[3] In the following sections, CSAT's performance monitoring plans for each of the programmatic areas are presented. It should be understood that they are subject to change as the OF and other Centers enter into discussion and negotiate final measures. In addition, at the end of the document, a preliminary plan for the use of evaluation in conjunction with performance monitoring is presented ***for discussion purposes.***

1. ASSURE SERVICES AVAILABILITY

[2]Goal 4 activities are, essentially, those activities that are funded with Block Grant set-aside dollars for which SAMHSA seeks a distinction in the budget process (i.e., National Data Collection/Data Infrastructure).

[3]Only measures of client outcomes have been developed and agreed to by each of the Centers. However, these measures are really only appropriate for "services" programs where the provision of treatment is the principal purpose of the activity (i.e., Goals 2 and 3). The client outcome measures will be presented under Goals 2 and 3.

Into this program goal area fall the major services activities of CSAT: the Substance Abuse Prevention and Treatment Block Grant. In FY 2000 the Block grant application was revised and approved by the Office of Management and Budget to permit the voluntary collection of data from the States. More specifically:

- Number of clients served (unduplicated)

- Increase % of adults receiving services who:
- were currently employed or engaged in productive activities;
- had a permanent place to live in the community;
- had no/reduced involvement with the criminal justice system.

- Percent increase in
  (a) Alcohol use;
  (b) Marijuana use;
  (c) Cocaine use;
  (d) Amphetamine use
  (e) Opiate use

In addition, in the Fall of 1999 a customer satisfaction survey was designed and approved for collection from each state on the level of satisfaction with Technical Assistance and Needs Assessment Services provided to the States. More specifically:

- Increase % of States that express satisfaction with TA provided
- Increase % of TA events that result in systems, program or practice improvements

2. MEET UNMET OR EMERGING NEEDS

Into this program goal area fall the major services activities of CSAT: Targeted Capacity Expansion Grants. Simplistically, the following questions need to be answered about these activities within a performance monitoring context:

- Were identified needs met?
- Was service availability improved?
- Are client outcomes good (e.g., better than benchmarks)?

The client outcome assessment strategy mentioned earlier will provide the data necessary for CSAT to address these questions. The strategy, developed and shared by the three Centers, involves requiring each SAMHSA project that involves services to individuals to collect a uniform set of data elements from each individual at admission to services and 6 and 12 months after admission. The outcomes (as appropriate) that will be tracked using this data are:

Percent of adults receiving services increased who:
a) were currently employed or engaged in productive activities

b) had a permanent place to live in the community
c) had reduced involvement with the criminal justice system
d) had no past month use of illegal drugs or misuse of prescription drugs
e) experienced reduced alcohol or illegal drug related health, behavior, or social consequences, including the misuse of prescription drugs

Percent of children/adolescents under age 18 receiving services who:
a) were attending school
b) were residing in a stable living environment
c) had no involvement in the juvenile justice system
d) had no past month use of alcohol or illegal drugs
e) experienced reduced substance abuse related health, behavior, or social. consequences.

These data, combined with data taken from the initial grant applications, will enable CSAT to address each of the critical success questions.

3. BRIDGE THE GAP BETWEEN RESEARCH AND PRACTICE

This "program" or goal covers that set of activities that are knowledge development/research activities. Initially funded in FY1996, CSAT's portfolio in this area currently includes multi-site grant and cooperative agreement programs, several of which are being conducted in collaboration with one or more of the other two Centers. These activities cover a broad range of substance abuse treatment issues including adult and adolescent treatment, treatments for marijuana and methamphetamine abuse, the impact of managed care on substance abuse treatment, and the persistence of treatment effects. In FY1999, a general program announcement to support knowledge development activity will be added to the CSAT portfolio.

The purpose of conducting knowledge development activities within CSAT is to provide answers to policy-relevant questions or develop cost-effective approaches to organizing or providing substance abuse treatment that can be used by the field. Simplistically then, there are two criteria of success for knowledge development activities:

Knowledge was developed; and
The knowledge is potentially useful to the field.

While progress toward these goals can be monitored during the conduct of the activity, only after the research data are collected, analyzed, and reported can judgments about success be made.

CSAT proposes to use a peer review process, conducted after a knowledge development activity has been completed, to generate data for GPRA reporting purposes. While the details remain to be worked out, the proposal would involve having someone (e.g., the Steering Committee in a multi-site study) prepare a document that describes the study, presents the results, and discusses their implications for substance abuse treatment. This document would be subjected to peer review (either a committee,

as is done for grant application review or "field reviewers", as is done for journal articles). The reviewers would be asked to provide ratings of the activity on several scales designed to represent the quality and outcomes of the work conducted (to be developed).[4] In addition, input on other topics (such as what additional work in the area may be needed, substantive and "KD process" lessons learned, suggestions for further dissemination) would be sought. The data would be aggregated across all activities completed (i.e., reviewed) during any given fiscal year and reported in the annual GPRA report.

3.1 PROMOTE THE ADOPTION OF BEST PRACTICES

This "program" involves promoting the adoption of best practices and is synonymous currently with Knowledge Application.[5] Within CSAT, these activities currently include the Product Development and Targeted Dissemination contract (to include TIPS, TAPS, CSAT by Fax, and Substance Abuse in Brief), the Addiction Technology Transfer Centers, and the National Leadership Institute. In FY1999, the Community Action Grant program will be added and in FY2000, the Implementing Best Practices Grant program will be added.

Activities in this program have the purpose of moving "best practices", as determined by research and other knowledge development activities, into routine use in the treatment system. Again simplistically, the immediate success of these activities can be measured by the extent to which they result in the adoption of a "best practice."[6] In order to provide appropriate GPRA measures in this area, CSAT plans to require that all activities that contribute to this goal to collect information on the numbers and types of services rendered, the receipt of the service by the clients and their satisfaction with the services, and whether the services resulted in the adoption of a best practice related to the service rendered.

4. ENHANCE SERVICE SYSTEM PERFORMANCE

As described earlier, this programmatic goal is distinguished from "Promote the adoption of best practices" primarily by its reliance on the Block Grant set-aside for funding and the explicit emphasis on "systems" rather than more broadly on "services." The CSAT activities that fall into this goal are the SNAP and TOPPS. While CSAT has established performance measures for these activities

[4]The ratings would include constructs such as adherence to PA requirements, use of reliable and valid methods, extent of dissemination activities, extent of generalizability, as well as the principal GPRA outcome constructs.

[5]Most, if not all, of the activities conducted under the rubric of technical assistance and infrastructure development are appropriately classified as activities supporting this program goal. Technical assistance activities within GPRA have not been discussed within CSAT. Further, at this time, SAMHSA has a separate program goal for infrastructure development (see "Enhance Service System Performance," below).

[6]Ultimately, the increased use of efficient and effective practices should increase the availability of services and effectiveness of the system in general. However, measures of treatment availability and effectiveness are not currently available. Within existing resources, it would not be feasible to consider developing a system of performance measurement for this purpose.

individually, it is waiting for SAMHSA to take the lead in developing SAMHSA-wide measures. In addition, CSAT continues to believe that this goal should be collapsed into the broader goal of "Promoting the adoption of best practices."

EVALUATIONS

As defined earlier, evaluation refers to periodic efforts to validate performance monitoring data; to examine, in greater depth, the reasons why particular performance measures are changing (positively or negatively); and to address specific questions posed by program managers about their programs. These types of evaluation are explicitly described, and expected, within the GPRA framework. In fact, on an annual basis, the results of evaluations are to be presented and future evaluations described.

To date, CSAT has not developed any evaluations explicitly within the GPRA framework. The initial requirements will, of necessity, involve examinations of the reliability and validity of the performance measures developed in each of the four program areas. At the same time, it is expected that CSAT managers will begin to ask questions about the meaning of the performance monitoring data as they begin to come in and be analyzed and reported. This will provide the opportunity to design and conduct evaluations that are tied to "real" management questions and, therefore, of greater potential usefulness to CSAT. CSAT will be developing a GPRA support contract that permits CSAT to respond flexibly to these situations as they arise.

On a rotating basis, program evaluations will be conducted to validate the performance monitoring data and to extend our understanding of the impacts of the activities on the adoption of best practices.

Appendix C: CSAT GPRA Client Outcome Measures

Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2002

A. RECORD MANAGEMENT

Client ID |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Contract/Grant ID |_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|_____|

Grant Year |_____|_____|
Year

Interview Date |_____|_____| / |_____|_____| / |_____|_____|

Interview Type 1. INTAKE 2. 6 month follow-up 3. 12 month follow-up

B. DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following: Number of Days

   a. Any Alcohol |____|____|

   |____|____|

   b. Alcohol to intoxication (5+drinks in one setting)

   c. Other Illegal Drugs |____|____|

Number of Days

2. During the past 30 days, how many days have you used any of the following:

   a. Cocaine/Crack |_____|____|

   b. Marijuana/Hashish, Pot

   |_____|____|

   c. Heroin or other opiates

   |_____|____|

   |____|____|

   d. Non prescription methadone

   |____|____|

   e. PCP or other hallucinogens/psychedelics, LSD, Mushrooms, Mescaline.....

   |____|____|

   f. Methamphetamine or other amphetamines, Uppers

   |____|____|

   g. Benzodiazepines, barbiturates, other tranquilizers, Downers sedatives, or hypnotics

   h. Inhalants, poppers, rush, whippets |____|____|

   i. Other Illegal Drugs--Specify_____ |____|____|

3. In the past 30 days have you injected drugs? ❍ Yes ❍ No

C. FAMILY AND LIVING CONDITIONS

1. In the past 30 days, where have you been living most of the time?

❍Shelter (Safe havens, TLC, low demand facilities, reception centers, Other temporary day or evening facility)

❍Street/outdoors (sidewalk, doorway, park, public or abandoned building)

❍Institution (hospital., nursing home, jail/prison)

❍Housed (Own, or someone else's apartment, room, house halfway house, residential treatment)

2. During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?

❍Not at all

❍Somewhat

❍Considerably

❍Extremely

3. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?

❍Not at all

❍Somewhat

❍Considerably

❍Extremely

4. During the past 30 days has your use of alcohol and other drugs caused you to have emotional problems?

❍Not at all

❍Somewhat

❍Considerably

❍Extremely

D. EDUCATION, EMPLOYMENT, AND INCOME

1. Are you currently enrolled in school or a job training program? [IF ENROLLED: Is that full time or part time?]

❍Not enrolled

❍Enrolled, full time

❍Enrolled, part time

❍Other (specify)_____

2. What is the highest level of education you have finished, whether or not you received a degree? [01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

2a. If less than 12 years of education, do you have a GED (General Equivalency Diploma)?

❍Yes ❍No

3. **Are you currently employed?** [Clarify by focusing on status during most of the previous week, determining whether client worked at all or had a regular job but was off work]
   - ❍ Employed full time (35+ hours per week, or would have been)
   - ❍ Employed part time
   - ❍ Unemployed, looking for work
   - ❍ Unemployed, disabled
   - ❍ Unemployed, Volunteer work
   - ❍ Unemployed, Retired
   - ❍ Other Specify_____

4. **Approximately, how much money did YOU receive (pre-tax individual income) in the past 30 days from…_**

	INCOME								
a. Wages	$				,				.00
b. Public assistance	$				,				.00
c. Retirement	$				,				.00
d. Disability	$				,				.00
e. Non-legal income	$				,				.00
f. Other_____ (Specify)	$				,				.00

E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested? |____|____| times

2. In the past 30 days, how many times have you been arrested for drug-related offenses? |____|____| times

3. In the past 30 days, how many nights have you spent in jail/prison? |____|____| nights

F. MENTAL AND PHYSICAL HEALTH PROBLEMS AND TREATMENT

1. **How would you rate your overall health right now?**
   - ❍Excellent
   - ❍Very good
   - ❍Good
   - ❍Fair
   - ❍Poor

2. **During the past 30 days, did you receive**

a. Inpatient Treatment for:	**If yes, altogether**	
	No	Yes ➲ for how many nights (DK=98)
i. Physical complaint	❍	❍_____

ii. Mental or emotional difficulties	❍	❍_____
iii. Alcohol or substance abuse	❍	❍_____

b. Outpatient Treatment for:	**If yes, altogether**	
	No	Yes ➲ how many times (DK=98)
i. Physical complaint	❍	❍_____
ii. Mental or emotional difficulties	❍	❍_____
iii. Alcohol or substance abuse	❍	❍_____

c. Emergency Room Treatment for:	**If yes, altogether**	
	No	Yes ➲ for how many times (DK=98)
i. Physical complaint	❍	❍_____
ii. Mental or emotional difficulties	❍	❍_____
iii. Alcohol or substance abuse	❍	❍_____

H. DEMOGRAPHICS (ASKED ONLY AT BASELINE)

1. Gender

❍Male

❍**Female**

❍**Other (please specify) _____**

2. Are you Hispanic or Latino?

❍Yes ❍No

3. What is your race? (Select one of more)

❍Black or African American ❍Alaska Native
❍Asian ❍White
❍American Indian ❍Other (Specify)_____
❍Native Hawaiian or other ❍Pacific Islander

4. What is your date of birth? |____|____| / |____|____| / |____|____|
Month / Day / Year

Appendix D: Proposed Number of Service Recipients – Guidelines and Definitions

Instructions

The applicant must specify the proposed number of service recipients in the **Abstract** and in the project narrative under **Section B: Project Plan**.

In estimating the number of service recipients proposed for each grant year, take into account start-up during early project months and any changes expected during the course of the funding period.

Service Expansion: Expansion applications propose to **increase the number of clients receiving services** as a result of the award. Clearly state the ***additional*** annual admissions you anticipate by use of TCE funds, not those now being served. For example, a treatment facility that currently admits to services 50 persons per year may propose to expand service capacity to be able to admit 75 more persons annually. In this example, the applicant would indicate in the Abstract and in Section B that the proposal is to serve 75 persons annually.

Service Enhancement: If you propose to improve **the quality or intensity of services**, for instance, by adding state-of-the-art treatment approaches, or adding a new service to address special needs of clients, specify the number of persons who will receive expanded services. Although service enhancements may not increase the number of clients being served *per se*, you should specify the current and proposed number of clients who will receive the new enhancement services. Do not double-count clients. Some clients, for instance, may begin to receive an enhanced service near the end of Year 1 and continue receiving the service into Year 2, in which case you should count the clients only in Year 1. Numbers should also be unduplicated across services. For instance, if you propose to enhance services through the addition of case management and employment counseling, some clients may receive both types of services. Do not double-count these clients.

Total # Persons Served: Specify the total number of persons who will receive grant supported services. These numbers should be unduplicated, so that numbers stated here may not equal the sum of "enhanced" and "expansion" clients served. If some clients will receive both enhanced and expanded services, do not double-count these clients. The key is, count individual clients served, not services provided. To specify the total number of persons served, estimate the unduplicated number of individuals who will receive grant-supported services.

A tabular format is suggested for portraying these data, but not required.

Appendix E: Certification of Eligibility

An authorized representative of the applicant organization must complete and sign this Certification. Appendix 1 of the application must include this Certification and all supporting documentation specified within it, such as certificates of licensure. Any application that does not contain a completed, signed copy of this Certification, or does not contain necessary supportive documentation, will be deemed ineligible and will not be reviewed. Any application that does not meet all eligibility requirements will be deemed ineligible and will not be reviewed.

Part I. Applicant Eligibility

Program Announcement Requirements: *The following are eligible to apply:*

- *Local governments (cities, towns, counties, and their respective departments and political subdivisions, such as a Department of Health and Human Services); and*
- *Tribes, Tribal governments, or other federally recognized Tribal authorities and organizations.*

Grants will only be awarded to local and tribal governments and their major organizational units with broad planning, policy, and service coordination responsibilities. Hospitals, community health centers, school systems, or court systems are ***not*** *eligible for TCE grants. Community-based organizations (CBOs), including not-for-profit and faith based organizations, are* ***not*** *eligible to apply directly for these grants, even if providing services under contract to a unit of government.*

Demonstration that requirement is met.

1. State the name, address, and phone number of the applicant organization:

2. Circle Yes or No

Yes No The applicant organization is a local government or a tribal government, organization, or authority as defined in the Program Announcement.

Note: If you cannot answer "Yes" to this statement, you are not eligible and should not submit an application.

Part II. Substance Abuse Treatment Providers

A. Program Announcement Requirement:

1. *Provision of direct substance abuse treatment must be part of the proposed project. TCE grants will not be awarded to applicants that propose only to provide screening, referral, or case management when these services are not clearly and specifically linked to treatment services. At least one provider of direct substance abuse treatment services must be identified within the proposal to provide treatment services. For the purposes of the TCE program, treatment must be provided in outpatient, day treatment or intensive outpatient, or residential programs. If the applicant organization is not a direct provider of substance*

abuse treatment services, the applicant must document (in Appendix 1) a commitment from an experienced, licensed substance abuse treatment provider to participate in the proposed project.

2. *All direct providers of substance abuse services involved in the proposed project – including the applicant organization, if the applicant is a provider – must be in compliance, at the time the application is submitted, with all local, city, county and/or State requirements for licensing, accreditation, or certification.*
3. *All direct providers of substance abuse treatment services involved in the proposed project – including the applicant organization, if the applicant is a provider – must have been providing treatment services for a minimum of two years prior to the date of this application. At least one substance abuse treatment provider must meet the two-year requirement within the jurisdiction covered in the application. For instance, if the application is from a county government, the treatment provider must have two years experience in that county.*

Demonstration that requirement is met.

1. List all direct providers of substance abuse treatment services that have agreed to participate in the proposed project, including the applicant agency, if the applicant is a provider. Give provider agency name and address. (Attach additional pages if needed).

2. For each listed provider (other than the applicant organization), provide a letter of commitment from the provider agreeing to participate in the proposed project and specifying the type of services to be provided.

3. For each listed provider, including the applicant agency, if the applicant agency is a provider, enclose documentation that the provider has been delivering substance abuse treatment services for at least two years. Documentation may include copies of articles of incorporation, licenses or certificates from two or more years before submission of the application, or other official documents that definitively establish that the providers meets the two-year requirement. A letter from the provider agency stating a two-year history does not constitute proof.

4. For each listed provider, including the applicant agency, if the applicant agency is a provider, enclose documentation that the provider agency complies with all local, city, county and/or State requirements for licensing, accreditation, or certification; or, provide documentation that the local/State government does not require licensing, accreditation, or certification.

Documentation of licensing, accreditation, or certification should either be a copy of the license, etc., or a letter from an appropriate accrediting agent affirming licensure status. Documentation that no requirements exist must come from an appropriate agency of the applicable State, county, or other governmental unit. A letter from the applicant organization or from a listed provider attesting to compliance with this licensing requirement, or that no licensing requirements exist, does **not** constitute adequate documentation.

5. ***Circle Yes or No***

Yes **No** At least one provider of direct substance abuse treatment services is listed.

Yes **No** This Appendix contains a letter of commitment from each listed provider (other than the applicant organization).

Yes **No** This Appendix contains documentation that each listed provider has been providing substance abuse treatment services for at least two years.

Yes **No** This Appendix contains documentation that at least one listed substance abuse treatment provider meets the two-year requirement within the jurisdiction covered in the application.

Yes **No** This Appendix contains documentation that each listed provider complies with applicable licensing, accreditation, or certification requirements.

Note: If you cannot answer "Yes" to <u>all</u> of these statements, you are not eligible and should not submit an application.

B. **Program Announcement Requirement**: *If applying for funds for residential treatment services expansion or enhancement, provide licensing documentation that indicates the residential facility has been built and has been approved/certified/licensed for habitation and provision of treatment and any ancillary services as required by existing State or local laws or regulations.*

Demonstration that requirement is met.

Circle Yes or No

1. Yes **No** This application proposes to use funds for residential treatment services. (If "no," skip to Part III. If "yes," answer remaining questions in this section.)

2. Yes **No** Documentation is attached that the residential facility has been built and has been approved/certified/licensed for habitation and provision of treatment and any ancillary services as required by existing State or local laws or regulations.

Note: If you propose to use funds for residential treatment services (circled "Yes" to item 1) but circled "No" to item 2, you are not eligible and should not submit an application.

Part III. Active Role of Applicant

Program Announcement Requirement: *Applicant units of government may not submit "pass through," "umbrella," or "cover letter" applications. The applicant must take an active role in the fiscal management and oversight of the project, coordinate with the providers of treatment services, and be legally, fiscally, administratively, and programmatically responsible for the grant if awarded.*

Demonstration that requirement is met:

Circle Yes or No

Yes **No** The applicant organization will take an active role in the fiscal management and oversight of the project, coordinate with the providers of treatment services, and be legally, fiscally, administratively, and programmatically responsible for the grant.

Note: If you did not circle "Yes" to this statement, you are not eligible and should not submit an application.

Part IV. Single Application Submission.

Program Announcement Requirement: *An applicant may not submit the same application under more than one SAMHSA grant program during the same fiscal year.*

Demonstration that requirement is met:

Circle Yes or No

Yes **No** This application has not been submitted or is not under consideration for funding under any other program within SAMHSA.

Note: If you did not circle "Yes" to this statement, you are not eligible and should not submit an application.

This form must be signed and dated below by an authorized representative of the applicant organization.

Type or print name

Signature Date